

APPLICATION



FOR CREDIT

8441 SE 68th St. – Mercer Island, WA 98040

Company Name and Billing Address				
Full Legal Company Name:				
Address:				
City:	State:	Zip/Postal:	Country:	
Business Type:		If incorporated, in what state:		
Years in Business:	Employer ID:	Dun & Bradstreet Number:		
Please List Corporate Officers or Principal Owners				
Name	Title	Years W/Company	Telephone	
Person to Contact Regarding Invoice Payments				
Name:		Title:		
Telephone:		Facsimile:		
Special Billing Instructions:				
Please Provide Bank References				
Bank Name	Address	Account #	Telephone	Contact
Please Provide at Least Three Trade References				
Company Name	Address	Account #	Telephone	Contact
*****Please Read, Sign and Fax to 206-236-6486				
<p>I hereby certify the information provided to be true and correct. I agree to comply with the published credit policy, terms and conditions of AVG Transportation Specialists, Inc. I understand that if the account is past due, my company and I personally will be liable for any balances owing, with interest at the rate of 1.8% per month, for services rendered by AVG, as well as for court costs and attorney's fees incurred in collecting the account. Shipper consents to jurisdiction in, and all actions relating to this agreement shall be brought in, any federal or state court located in King County, State of Washington. Shipper consents to service of process of any lawsuit by registered or certified mail, return receipt required. By providing a valid credit card number, I agree to allow AVG Transportation Specialists, Inc. to process a credit card transaction for the amounts billed by AVG that become past due (that is, not paid within 30 days of billing) or exceed the established credit.</p>				
Name as it appears on card: _____				
Credit Card Account Number: _____		Exp. __ / __		Visa or MC: _____
Signature of Corporate Officer _____		Title _____		Date _____